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**APPLICANTS**

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\*\* CONTINUING DATA *NONE HG*

\*\* FOREIGN APPLICATIONS *NONE HG*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/28/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/>	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Wynantskill HG</i> Examiner's Signature	Initials			

**ADDRESS**

21718

**TITLE**

Hierarchical constraint resolution for application properties, configuration, and behavior

FILING FEE RECEIVED 1242	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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